VERMONT
AGENCY OF HUMAN SERVICES

Children's Integrated Services (CIS), Vermont Agency of Human Services

Guidelines for Using Recommended Psychosocial and Developmental Tools With Pregnant/Postpartum Women and Children Birth to Six

INTRODUCTION:

Children grow, develop, and learn throughout their lives, beginning in pregnancy. A child's development can be measured as they move about, play, learn, speak, and behave in the context of their family and their community. These actions are indicators of their developmental milestones. When a child does not reach age-appropriate milestones at the same time as other children the same age, this is considered a developmental delay. If a child is not developing as expected, there are steps that can be taken to help a child reach their full potential. Parents' concerns are generally valid and are predictive of developmental delays.

Nationally, less than half of children with developmental concerns are identified before starting school. Significant behavioral or developmental delays may have already occurred and opportunities for treatment may have been missed. During this time, a child could have received assistance with these delays to help them be prepared to enter school ready to learn and succeed.

Developmental surveillance is an important, on-going method of detecting delays for all children. Appropriate surveillance requires the early childhood service provider to have up to date knowledge about developmental issues, risk factors, and links to community resources, as well as skills in observation, listening and actively seeking parent concerns.

Developmental screenings are done routinely at specific ages, as defined by the American Academy of Pediatrics *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescent, (2008). Third Edition.* Selective screenings may also be used when a concern or change in a child's behavior or risk situation is identified. Screening tools do not require extensive training, they are quick to administer, and can be done by professionals in healthcare, community, or school settings. Some screening tools may be completed by parents. The use of standardized developmental screening tools with all children at periodic intervals will increase accuracy in detecting delays. This can result in access to more intensive evaluation and earlier treatment during a child's early years.

Developmental evaluations require a more complex process and usually follow screening results that indicate a delay. Use of these tools requires additional training and takes longer to administer, score and interpret the results. The results of an evaluation inform a follow- up and/or treatment plan for the child and/or family. See definitions of surveillance, screening and evaluation on page three.

USE OF THE GUIDELINES AND AUDIENCE:

Children's Integrated Services (CIS) direct service providers should use this list of recommended screening and assessment tools when working with pregnant and postpartum women, children birth to six and their families. The CIS provider must acquire skills in administering a particular developmental tool, and interpreting and sharing the results. Using a culturally sensitive and family-centered approach, parental concerns about their child and observations of the child's behavior and the parent child interaction are included in the screening and/or evaluation process.

The goals of these CIS Guidelines are to provide: 1) common definitions for early identification of developmental delays, risks or concerns; 2) a list of recommended psychosocial and developmental tools for use by CIS early childhood providers; and 3) a common framework for use of shared tools and language about child development across CIS regional team members and other community providers, for example, the medical home. It is important to coordinate the timing and share results of developmental screenings with parents, the medical home and early childhood providers to avoid duplication of effort, e.g., so a home visitor and a pediatric medical provider don't both do an Ages and Stages screening for a 9 month old. This will require CIS outreach to pediatric providers to learn about their standard office practices for developmental screening and vice versa; to determine best ways to assure routine screening at specified ages that are non-duplicative; and to identify strategies for systematically communicating screening results with the medical home.

CIS Guidelines were developed using research findings about the validity and reliability of each tool, input from statewide health, mental health, early intervention, and child care practitioners about tools currently being used, Vermont Agency of Human Services program and policy managers, The Vermont Child Health Improvement Program staff and the American Academy of Pediatrics-VT Chapter members.

The Guidelines contain four sections that list screening and evaluation tools for: 1) pregnant/parenting women; 2) infants and children; 3) child social-emotional behaviors; and 4) early childhood group care. All pregnant women, infants and children should be screened and parent concerns about their child's development should be actively elicited, particularly throughout pregnancy and for the birth to three age group. The Individuals With Disabilities Education Act (IDEA) Amendments of 1997 mandate early identification of, and intervention for, developmental disabilities through the development of community-based systems, with the current focus being on infants and children from birth through 2 years of age.

Screening and evaluation tools that provide information about parental or family functioning, or information about the quality of child care environments are also included in the guidelines. Information for each tool specifies what type of provider might use that tool or if it can be self-administered; whether the tool is used for screening or evaluation purposes; which tool is appropriate for certain ages; and comments about the tools, such as how many questions, how long it takes to administer, or reading level. The use of standardized developmental screening tools at periodic intervals increases accuracy in detection of child delays.

The Vermont Agency of Human Services (AHS) common definitions for developmental surveillance, screening and evaluation that are applicable across CIS populations, individuals, ages, professions, and settings are:

Surveillance/Early Identification: This is the ongoing, longitudinal, cumulative process of recognizing children who may be at risk of developmental delays. Surveillance may occur in primary care practices, childcare settings or other environments applying population-based strategies for early detection of risk or problems.

Screening. This is the use of brief and objective standardized tools to identify children at risk of developmental delay. It is a formal process that occurs at defined intervals and points of entry into services and any time a child is identified at risk through surveillance. Screening may occur at a primary care practice, mental health or other early childhood or provider settings.

Evaluation. This is a more complex process aimed at identifying and refining the specific nature of a particular client problem and related complex or confounding factors. Together, this information forms the foundation for specific recommendations and, if appropriate, leads to an individualized integrated treatment plan. An evaluation consists of gathering key information, exploring problem areas, formulating diagnosis(es), identifing disabilities and strengths, and assessing the client's readiness for change.

SUMMARY

The use of standardized developmental screening tools by CIS providers at periodic intervals will increase accuracy in the detection of delays. Early detection of a suspected or identified developmental delay through surveillance or screening is critical to linking the child and family with further evaluation and appropriate intervention or treatment. This can lessen the impact of the delay on the functioning of the child and improve child and family outcomes.

Children's Integrated Services (CIS)
Recommended Psychosocial and Developmental Tools
For Use with Women and Children

Use of any screening or assessment instrument listed below requires that staff have received training in administering and scoring the tool, and interpreting and communicating the results

Tools for Women	Used By	Purpose	Target Population/ Age	Comments
To access and print screening tools for women, link to the VT Child Health Improvement Project (VCHIP) website *Improving Prenatal Care VT (IPCV) Practice Toolkit* at: https://www.med.uvm.edu/vchip/TB2+RL+3I.asp?SiteAreaID=669. Select 'ALL TOOLS' in Green box (Right side)				
Postpartum Depression Predictors Inventory (PDPI) [1]	Health clinicians to interview pregnant & postpartum moms at 6-8 weeks	*Screening* for postpartum depression. Assists with planning interventions, referrals, etc. if the results are positive.	Postpartum moms Could also be used with Dads	Opportunity for a mom to discuss her experiences and any problems regarding identified risk factors. Interventions can be planned to address targeted risk factors. This is not a self-report questionnaire
Edinburgh Depression Scale[2]	May be self-administered with provider review; health clinicians	*Screening* To assist health professional to detect mothers experiencing postpartum depression; Reflects how a woman has been feeling during the previous 7 days	Postpartum moms	May be useful to repeat after 2 weeks if there are doubtful results. A clinical assessment should be done to confirm a diagnosis. *Administrative Time*: Less than 5 minutes. All ten item must be completed

[1] Beck CT. Revision of the Postpartum Depression Predictors Inventory. JOGNN 63:4. July/Aug 2002

[2] Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of Postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150-782-786.

Tools for Women	Used By	Purpose	Target Population/ Age	Comments
Pregnancy Tobacco Cessation Program	Health Clinicians with specific training in the 5 "A" methodology & counseling	*Screening* Identification of the level of tobacco use and which stage of change the woman is at	Early Pregnancy & on-going	Utilizes a 5 'A's' approach – ask, assess, advise, assist, arrange. Identifies readiness to quit and includes follow-up & treatment resources
Alcohol & Drug Assessment Tool	Self-administered	*Screening* Identification of the variety and amount of substances consumed	Pregnant/ Postpartum and parenting women	Comprehensive review of substance use, including foods, tobacco, alcohol, prescription drugs & illegal drugs For positive results, needs careful follow-up for referral and on-going treatment/counseling.
Psychosocial Combined Clinical Tool:[3] Domestic Violence Assessment, Depression and Substance Use	Clinical/ Health Provider	*Screening* of immediate safety needs & risks; patterns & history of abuse; impact on well-being; tobacco and substance use	Administer during Pregnancy	Five questions, documents findings & assesses safety. Referral & reporting information Guidelines for use are helpful Meant to be used throughout pregnancy Positive findings require an appropriate referral
Infants & Children Developmental Tools				
Ages & Stages Questionnaire (ASQ-3) *Third Edition (2009)* www.agesandstages.com	Parents, CIS & child care providers, and medical providers	*Screening* Addresses 5 domains; has questions of general interest to parents. Needs coordination among providers to ensure non-duplication	1-66 months	Easy to use 4-6th grade reading level New version covers all recommended ages *Administrative Time*: 10-15 minutes; 1-5 minutes to score

[3] VT Network Against Domestic and Sexual Assault, 2003. 1-802-223-1302 or http//www.vtmd.org

Tools for Infants & Children	Used By	Purpose	Target Population/ Age	Comments
AEPS (Assessment, Evaluation, and Programming for Infants and Young Children, 1993)	Developmental Educators; other clinicians	*Evaluation* CIS EI tool Addresses 5 developmental areas; Links test items with curriculum	1 month – 3 years; 3-6 years	Observation (preferred), direct test or report; New system for determining eligibility; Family Interview addresses family routines; Direct link between AEP test items and curriculum strategies, including goals and objectives *Administrative Time*: Initial evaluation takes 1-2 hours; Subsequent assessments take 15-60 minutes
HELP (Hawaii Early Learning Profile, 1997; revision)	Developmental Educators; other clinicians	*Evaluation* CIS EI tool Curriculum-based assessment with direct links between assessment and curriculum	Birth to 3 years; 3 to 6 years	Addresses 5 developmental areas very thoroughly; Family interview included; Contains tools that demonstrate child progress over time; Useful when there is little question that a referral will lead to eligibility *Administrative Time*: Dependent on child's age. Initial assessment takes 1 to 2 hours.
IDA (Infant-Toddler Developmental Assessment, 1995**)**	Developmental Educators; other clinicians	*Evaluation* CIS EI tool Addresses 8 developmental areas with strong social-emotional component	1 to 42 months	Families are central to the assessment process; Utilizes structured eliciting, observation and parent report; Supplements include articles regarding child development, family support and assessment process; Assessment items can be modified if not culturally appropriate *Administrative Time*: Suggest 2 home visits, including parent interview

Tools for Infants & Children	Used By	For	Target Population/ Age	Comments
Social Emotional Tools				
Modified Checklist for Autism in Toddlers (MCHAT) (1999) Http://www.firstsigns.org /screeing/tools/ rec.htm#asd screens	Parents; pediatric health care providers, developmental educators, paraprofessionals	*Screening* Supplemental to on-going general developmental screening. Early identification & referral for further evaluation if initial screening demonstrates risk for autism spectrum disorder; improves long-term prognoses	16-30 months	23 parent-report items; easy to use Over identifies kids with language and developmental delays. Use of a follow-up questionnaire decreases positive findings for developmental delays Refer to pediatrician for evaluation if two critical or three non-critical items are positive. High reading level; formatting may not be user friendly; *Administrative Time*: 5-10 minutes
Ages & Stages Social- Emotional Questionnaires (ASQ:SE) www.agesandstages.com	Parents, professionals with expertise in health, family support, mental health, early intervention	*Screening* tool that focuses solely on a child's social/emotional behavior, i.e., self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people; helps to identify delays as early as possible	6-66 months	Parent report Easy to use Simply worded and appropriate for families of diverse backgrounds. Valid, reliable, quick & easy *Administrative Time*: 10-15 minutes

Tools for Infants & Children	Used By	For	Target Population/ Age	Comments
Child Behavior Checklist (CBCL); Part of the ASEBA (Achenbach Assessment System) Achenbach, T.M. and Edelbroc, C. 1991	Primary caregiver in mental health, social work, medicine, schools, child and family services, public health agencies, caregivers, etc.	*Evaluation* Comprehensive approach to assessing adaptive/ maladaptive functioning and behavioral, emotional, and social problems. Strong interest for widespread use in VT	18 months to 5; (6-18 years)	Provides professionals with user-friendly tools. Requires some training and interpretation. 4-page questionnaires for obtaining parents' reports of their child's competencies and problems over the past 6 months, which includes 118 questions and additional open ended questions. Contains 8-9 subscales, which can be collapsed into Internalizing, Externalizing and Total Problems score, including strengths. Validity and reliability are well established. Teacher report also available for older children. *Administrative Time*: lengthy for parents to complete
Trauma Symptom Checklist for Young Children (TSCYC) Briere, J. 2000	Caregivers and Parents (different versions available)	*Evaluation* The instrument contains eight clinical scales: Posttraumatic Stress-Intrusion (PTSI), Posttraumatic Stress-Avoidance (PTS-AV), Posttraumatic Stress-Arousal (PTS-AR), Sexual Concerns (SC), Dissociation (DIS), Anxiety (ANX), Depression (DEP), and Anger/Aggression (ANG).	Children between 3-12 years	54 items; takes less than 20 minutes to complete; Strong evidence for reliability and validity; The instrument rates symptoms on a 4-point scale, based on how frequently they have occurred in the last month

Tools for Infants & Children	Used By	For	Target Population/ Age	Comments
Early Childhood Group Care Tools				
Parenting Stress Index	Parents	*Screening* Early identification and prevention of problems in the family and characteristics that fail to promote normal development. (see comments).	3 mos. to 10 years	Short form includes: 1.Parental Distress (the level of stress a parent is experiencing related to his or her role as a parent), 2. Parent-Child Dysfunctional Interaction (the parent's perception of how reinforcing interactions with the child are), and 3. Difficult Child (the parent's perception of basic characteristics of the child that make him/her easy or difficult to manage). 5th grade reading level Primarily intended for preschool-aged children, 101-item test; takes 20--25 minutes for the parent to complete. Must be scored by hand or can be electronically scored using a purchased computer program *Administrative Time*: 30 minutes

Tools for Infants & Children	Used By	For	Target Population/ Age	Comments
Devereaux Early Childhood Assessment (DECA)	Parents, family care givers, early childhood professionals (preschool teachers and child care providers), and mental health providers.	*Screening & Evaluation* Of all children to promote healthy social and emotional growth; assessment of resilience in preschoolers with social and emotional problems or significant behavioral concerns;	Age 2 to 5	Assessment of 27 positive behaviors & protective factors. Integrated program for strengthening protective factors in children. Most useful with early childhood/child care programs. Requires staff to be trained (approx. 3 days) in the use of the assessment and tools. *Administrative Time*: 10 min. plus observation time
Early Childhood Environmental Rating Scale Revised Edition (ECERS) (One of a series of four scales which share same format and scoring system)	Child care providers, supervisors, directors, curriculum specialists, consultants, early interventionists	*Screening & Evaluation* Monitoring and evaluating the quality of group early childhood environments including use of space, materials and experiences, to enhance children's development, daily schedule, and supervision. Primary focus is on physical environment and safety.	Age 2 ½ through 5	In use since 1980, with revisions. Consists of 43 items organized into 7 subscales Contains inclusive and culturally sensitive indicators for many items. *Administrative Time*: 3-4 hours including observation and interviews
Infant/Toddler Environment Rating Scale, Revised Edition (ITERS) (One of a series of four scales which share same format and scoring system)	Child care providers, supervisors, directors, curriculum specialists, consultants	*Screening & Evaluation* Monitoring & evaluating the environment for protection of children's health and safety, appropriate stimulation through language and activities, and warm, supportive interaction.	Birth to 2 ½	Consists of 39 items are organized into seven subscales. Draws from three main sources: research evidence from a number of relevant fields (health, development, and education), professional views of best practice, and the practical constraints of real life in a child care setting. See ECERS above *Administrative Time*: 3-4 hours including observation and interviews

Tools for Infants & Children	Used By	For	Target Population/ Age	Comments
Family Child Care Environment Rating Scale Revised Edition (FCCEFS) (One of a series of four scales which share same format and scoring system)	Child care providers, supervisors, directors, curriculum specialists, consultants	*Screening & Evaluation* Monitoring and evaluating family child care programs conducted in a provider's home	Infancy through school-age	Consists of 38 items organized into seven subscales. See ECERS above *Administrative Time*: 3-4 hours including observation and interviews
The School-Age Care Environment Rating Scale (SACERS) (One of a series of four scales which share same format and scoring system)	Child care providers, supervisors, directors, curriculum specialists, consultants	*Screening & Evaluation* Monitoring and evaluating center-based, group-care programs for children of school age	Ages 5-12	Scale consists of 49 items, including 6 supplementary items for programs enrolling children with disabilities; also organized into seven subscales. See ICERS above *Administrative Time*: 3-4 hours, including observation and interviews